

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025438

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 1726

LED JUN 20 1962

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>		c. CITY OR TOWN <b>Kirkwood</b>	
Length of stay in 1b <b>YRS.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>205 Mon-Clay Apts.</b>		d. STREET ADDRESS (If outside, give location) <b>205 Mon-Clay Apts.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Fred</b> Middle <b>Herman</b> Last <b>Dabler</b>		4. DATE OF DEATH Month <b>June</b> Day <b>8</b> Year <b>1962</b>	
5. <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/11/1888</b>
9. AGE (last birthday) <b>73</b>		IF UNDER 1 YEAR Months <b>73</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Civil Eng.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash R.R.</b>	
11. BIRTHPLACE (City and state or country) <b>Evansville, Ind.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Rheinhardt Dabler</b>		13b. MOTHER'S MAIDEN NAME <b>Nettie Smith</b>	
14. NAME OF HUSBAND OR WIFE <b>Martha A.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or dates of service)	
16. INFORMANT <b>Martha A Dabler</b>		17. ADDRESS <b>205 Mon-Clay Kirkwood, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b> DUE TO (b) <b>Congestive Heart Failure</b> DUE TO (c) <b>Arterial Sclerotic Heart Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>5 yrs</b> <b>5 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>4/1/62</b> a.m. <b>p</b> Month, Day, Year <b>6/8/62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Evansville, Ind.</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>4/1/62</b> to <b>6/8/62</b> and last saw him alive on <b>6/8/62</b> Death occurred at <b>10</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Charles Buonsile M.D.</b>		22b. ADDRESS <b>206 W. Argonne Kirkwood 22</b>	
22c. DATE SIGNED <b>6/9/62</b>		22d. LOCATION (City, town, or county) <b>Evansville, Ind.</b>	
22e. STATE <b>Mo.</b>		22f. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>June 11, 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>		23d. LOCATION (City, town, or county) <b>Evansville, Ind.</b>	
24. FUNERAL DIRECTOR <b>Pfitzinger Mortuary</b>		25. DATE RECD. BY LOCAL REG. <b>6-11-62</b>	
26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>		27. ADDRESS <b>Kirkwood 22, Mo.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ben E. Hoffmann

Licensed Embalmer No. 4366

P. O. Address St. Louis County, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.